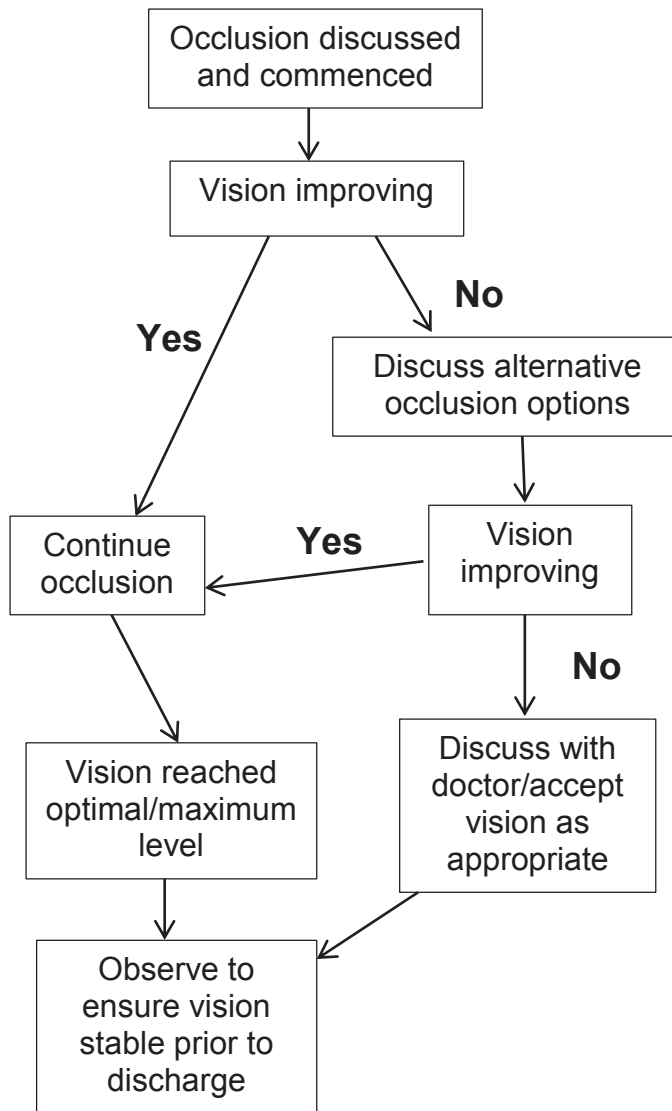


Amblyopia pathway



Amblyopia (Lazy Eye)

Patient Information

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This leaflet is available in audio, Braille, large print and other languages. To request a copy, please telephone 01270 612437.

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1. Introduction to amblyopia

Amblyopia (lazy eye) occurs when the vision in one eye does not develop as well as the vision in the other eye during the critical period of vision development.

The main causes of a lazy eye are:

- Squint (where one eye is straight and the other turns in, out, up or down)
- **The need for glasses, especially when one lens is stronger than the other.**
- Other causes (include droopy eyelid and cataract).

The lazy eye occurs because the image from the squinting eye is ignored or the eye that needs the stronger lens receives a blurred image and is not properly stimulated.

A lazy eye will not get better on its own and cannot be corrected when your child is older.

Sometimes a lazy eye can be treated by just wearing glasses but often patching treatment is required.

Ideally treatment should be started before the age of seven years whilst the visual system is still developing.

2. Treatment for amblyopia

To treat a lazy eye, occlusion therapy, commonly known as patching is required.

There are three types of amblyopia treatment:

- Sticky or fabric patch.
- Atropine drops.
- Bangerter foil.



The sticky patch is a plaster which is shaped to fit around the eye. This is stuck directly onto the face, covering the good eye (better seeing).

The fabric patch is designed to fit over the glasses frame. It is important to ensure it is fitted correctly to prevent any peeping around it.

Atropine drops can be used to relax the focussing of the better seeing eye to stimulate the lazy eye.

Bangerter foil is a film that is fitted over the lens of the glasses of the better seeing eye. You will need to ensure that your child does not peep over the glasses.

3. During treatment

If your child is given the sticky or fabric patch you will be advised how long it should be worn each day.

During this time activities such as drawing, colouring, writing, watching TV or playing computer/video games will help to stimulate the lazy eye and make the patching more effective.

The bangerter foil and atropine drops are used full time.

If your child wears glasses these must be worn as well as the patch. The patch is worn to improve the vision in the weaker eye. It will not cure a turn in the eye or stop your child from needing glasses.

It is important that your child has appropriate supervision whilst patching as they have reduced vision in the eye they are using. If patching at nursery/school ensure the teachers are aware that your child is doing activities with reduced vision.

The website www.squintclinic.com has been created by eye care professionals to provide information for patients and parents about glasses, squints and other eye conditions.